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ATTORNEY DOCKET NO. 10010011-1

Loveland, Colorado 80537-0589

MAY 2 6 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Herbert F. Cattell

Serial No.: 09/775,163

Examiner: Lori A. Clow

Filing Date: January 31, 2001

Group Art Unit: 1631

To: USPTO

Title: READING CHEMICAL ARRAYS

COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria VA 22313-1450

| _                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                   |                              | ENT         |    |               |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------------------------|-------------|----|---------------|
| Transmitted herewith Is/ere the following in the above-identifie                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | d annlica                                         | tloo:                        | •           |    |               |
| Response/Amendment                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | onse/Amendment Petition to extend time to respond |                              |             |    |               |
| New fee as calculated below  No additional fee (Arigness equal as the life of | Supple                                            | mental De                    |             |    | •             |
| No additional fee (Address envelope to "Mail Stop Ame Other: Declaration Under 37 C.F.R. 1.131                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ndments'                                          | ")<br>(fee \$                | )           |    |               |
| (1) CLAIMS AS AMENDED BY OTHER THA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | N A SMALL                                         | LENTITY                      |             |    |               |
| FOR CLAIMS REMAINING NUMBER HIGHEST NUM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | BER                                               | (5)<br>PRESENT               | (6)<br>RATE |    | (7)<br>TIONAL |
| TOTAL<br>CLAIMS MINUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                   | EXTRA                        | X 50        | FE | 0             |
| INDEP. CLAIMS MINUS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                   | 0                            | X 200       | \$ | 0             |
| FIRSY PRESENTATION OF A MULTIPLE DEPENDENT CLAIM  EXTENSION 15T MONTH 200 MONTH 200 MONTH                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                   |                              | + 360       | \$ | 0             |
| FEE 120.00 450.00 1020.0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                   | 4 <sup>14</sup> M0<br>1690.0 | ∞ <u> </u>  | \$ | 0             |
| TOTAL ADDITIONA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | AL FEE FOI                                        | OTH<br>R THIS AME            | ER FEES     | -8 | 0             |

Charge \$ 0 to Deposit Account 60-1078. At any time during the pendency of this application, please charge any fees required or credit any over payment to Deposit Account 50-1078 pursuant to 37 CFR 1.2 5. Additionally please charge any faes to Deposit Account 50-1078 under 37 CFR 1.18, 1.17, 1.19, 1.20 and 1.21. A duplicate copy of this transmittal letter is enclosed.

Respectfully submitted.

Herbert F. Cattell

Ву

I hereby certify that this paper is being facsimile transmitted to the Potent and Trademark Office on

Date of facsimile: 05-26-2005

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| AMENDARANT             | Application Number     | 09/775,163         |
|------------------------|------------------------|--------------------|
| AMENDMENT and RESPONSE | Attorney Docket Number | 10010011-1         |
|                        | Filing Date            | January 31, 2001   |
|                        | First Named Inventor   | Herbert F. Cattell |
|                        | Examiner               | Lori A. Clow       |
|                        | Group Art              | 1631               |
|                        | Title                  | Reading Chemical   |
| ir                     | <u></u>                | Arrays             |

This amendment is responsive to the Office Action dated March 7, 2005.

P.11/17

Atty Dkt. No.: 10010011-1 USSN: 09/775,163

## REMARKS

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In view of the following remarks, the Examiner is respectfully requested to withdraw the rejections and allow Claims 1-14, 16, 25-34, 37, and 43-55, the only claims pending and currently under examination in this application.

Claims 1-14, 16, 25-34, 37, and 43-55 have been rejected under 35 U.S.C. § 102 (a) as being anticipated by Genepix.

## As stated in MPEP 2131:

"A claim is anticipated only if each and every element as set forth in the claim is found, either expressly or inherently described, in a single prior art reference." Verdegaal Bros. v. Union Oil Co. of California, 814 F.2d 628, 631, 2 USPQ2d 1051, 1053 (Fed. Cir. 1987).

In order for a cited reference to anticipate a claimed invention the reference must be prior art. To constitute prior art under 102 (a) the Genpix reference must have been published before the conception of the instant Invention. Applicant submits herewith the Declaration of Herbert Cattell under 37 C.F.R. §1.131, which provides a showing of facts that the inventor conceived of the claimed invention prior to the November 2000 publication date of the Genepix art. In light of this Declaration, Applicant contends that the Genepix art does not qualify and therefore is not available to be used as prior art to the presently claimed Invention.

Accordingly, Applicant respectfully request the rejection of Claims 1-14, 16, 25-34, 37, and 43-55 under 35 U.S.C. § 102 (a) as being anticipated by Genepix be withdrawn.